CLARK COUNTY HEALTH DEPARTMENT
Environmental Health
1950 Fort Vancouver Way P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 Fax (360) 397-8084

PLAN REVIEW APPLICATION FORM

NAME OF FOOD SERVICE ESTABLISHMENT (dba) _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

PHONE NUMBER _____ ESTIMATED OPENING DATE _____

BUSINESS NAME _____

BUSINESS OWNERSHIP STATUS: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.

OWNER NAME _____ OWNER NAME _____

OWNER NAME _____ OWNER NAME _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

IS THIS A CHANGE OF OWNERSHIP? NO ☐ YES ☐ **IF Yes, Date Of Change** _____

If Yes, Previous Name Of The Establishment? _____

IS THIS NEW CONSTRUCTION? ☐YES ☐NO **IS THIS A BUILDING /KITCHEN REMODEL?** ☐YES ☐NO

Construction company contact person _____ PHONE _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

WATER: ☐ Amboy (CPU) ☐ BattleGround ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____
☐ Small Public Water Supply Name _____ ID# _____

SEWAGE: ☐Public sewer ☐ On-site septic system. Last on-site septic system inspection or pumping date _____

TYPE OF ESTABLISHMENT: **Check one or more** of the boxes below that best describes the type of establishment that you are planning.

☐Restaurant ☐School Cafeteria ☐Tavern/Bar ☐Public Kitchen/Grange ☐Motel/Hotel ☐Bed & Breakfast ☐Food Bank
☐Espresso Cart ☐Mobile Truck ☐Little League ☐Concession Stand/Cart ☐Annual Itinerant ☐Bakery (only) ☐Caterer
☐Grocery Store and ☐Deli and ☐Bakery and ☐Meat/Fish Market ☐Meat/Fish Market (only) ☐Convenience Store ☐Convenience Store &Deli

Hours of operation _____ Number of employees per shift _____

Anticipated number of meals served per day _____ Anticipated seating capacity _____

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) _____ ID #_____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE **DATE**

FOR OFFICE USE ONLY	Date	Client ID #
	Receipt #	Plan Review Fee Paid $
	Received by	Inspector